

EMPLOYMENT APPLICATION FORM

PLEASE COMPLETE REQUESTED INFORMATION (PLEASE PRINT)

APPLICANT INFORMATION					
Full Name:					
Address:					
City:	Province:			Postal Code:	
Primary Number:		Other num	ber(s):		
Are you legally eligible to work in C (Supporting documentation will be		□Yes o the comm	□No enceme	ent of employment)	
Are you of legal age to work in you	r province?	□Yes	□No		
,	□Yes □No □Yes □No				
Have you ever interviewed with Lake Babine Nation? ☐Yes ☐No					
Have you ever worked with us before If yes: Location:		□No			
Have you been convicted of a crim which a pardon has not yet been g				he position you are applying for and for	
If yes, please provide details regard	ding the nature o	of the infract	ion(s):		

(A criminal conviction will not be a bar to employment)



IELL US V	VHAI Y	JU AKE I	LOOKING	J FUR:				
Position Des	ired:							
☐ Full-time	□Pai	rt-Time	☐Temporary/Seasonal		I			
Please provi employment	-	eekday hou	ırs of avail	ability: (Unava	ilability on a	any day wi	ll not necess	arily be a b
	All Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning								
Afternoon								
Evening								
Night								
TELL US A	BOUT Y	OUR ED	UCATIO	N:				
High School	or Equival	ent:						
		Scho	ol Name		Highes	t Grade	Date	
College or University: School Name		- Lighos	t Dograd	 Date				
			oi ivaille		nignes	t Degree	Date	
ocational/Trade School: School Name		Highest Degree		— — Date	Date			
Graduate Sc	hool:							
		chool Name		Highest Degree		Date	Date	
Other:								
School Name			Highest Degree		Date	Date		



TELL US ABOUT YOUR PAST JOBS:

☐ Please see attached Resume	
Or	
POSITION ONE	
Company Name:	Phone number(s):
Start Date:	End Date:
What was your position?	
What was your responsibilities?	
Why did you leave?	
Can we contact your supervisor? □Yes	□No
Supervisor Name:	Contact Information:
POSITION TWO	
Company Name:	Phone number(s):
Start Date:	End Date:
What was your position?	
What was your responsibilities?	······································
Why did you leave?	
Can we contact your supervisor? □Yes	□No
Supervisor Name:	Contact Information:

TELL US WICKE ADOUT TOURSELF.						
Why do you want to wo	ork for Lake Babine Natior	1?				
How would you describ	e great customer service?) 				
What are things you lik	ed about your previous jo	bs?				
What are some of the t	hings you didn't like abou	t your previous jobs?				
REFERENCES						
Name:	Telephone:	Relationship:				
Name:	Telephone:	Relationship:				
Name:	Telephone:	Relationship:				
APPLICANT SIGNA	TURE:					
•	below. (Note: If this application	·	as authorization, is signed or written in the t is not valid unless your name is keyed in			
	pplication form is your consent st work performance will be ob	=	considered for employment at Lake Babine d previous employers.			
information in this application		found to be untrue or incomp	e and complete. I understand that if any llete, my application may be rejected or I			
Signature	 Date Sign	ned	Earliest Available Start Date			